

Name in Full

Certificate of Death

Ella M. Anglin

Town

County

Died at

Bay View District Cecil

MARYLAND

Date 1902 Feb 27 25 Y. M. D. Native of Cecil Co Occupation Housewife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living None

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Theodore B. Anglin

Wesley Tyson

Mother's

Name

Hester Thompson

How long sick

1 Year

Accident, Suicide, Homicide

Phthisis Pulmonalis

Geo S Pittman house MD

North East / Md



Name in Full

Certificate of Death

Esther Markley Anthony

Town

County

Died at

Cecilton

Cecil

MARYLAND

Date 189

1902

Month

Day

2, 23

Y.

M.

D.

Age

- 6 -

Native of

Md

Occupation

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm Anthony

Mother's

Name

Lizzie Anthony

Cause of

Primary

Death

Immediate

Meningitis

61

How long sick

7 days

Accident, Suicide, Homicide

Reported by

P.M. Black

Address

Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Rebecca Boyard

Town

County

MARYLAND

Died at

EUSCOT

Civil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb

26

Age 75?

Civil

—

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

66

Cause of

Primary

Paralysis

How long sick

6 years

Death

Immediate

Great & exhausting vital power

~~Accident, Suicide, Homicide~~

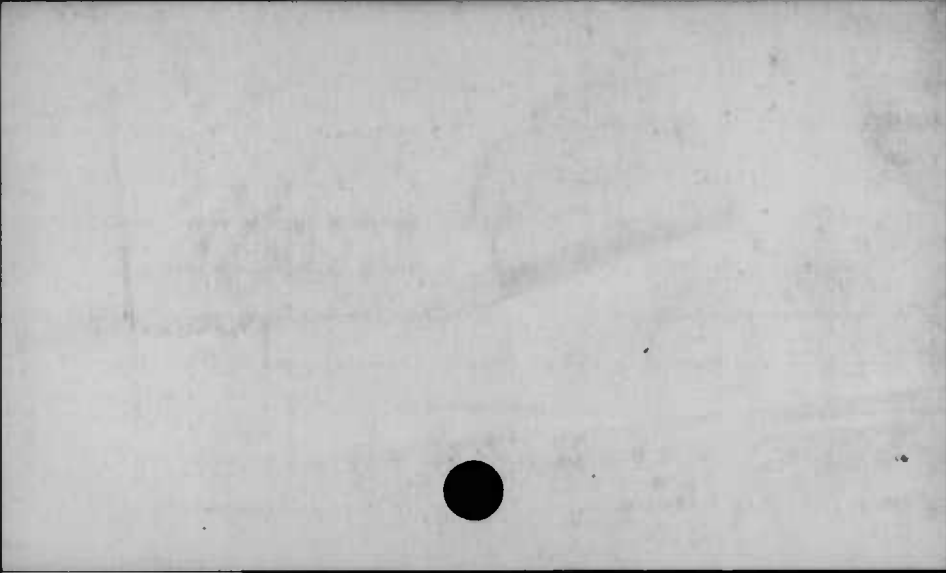
Reported by

J. H. Thomas

Address

F. H. Thomas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *William. Lewis Berry*
 Town *Conowingo* County *ecil*
 Died at *Rowland 8th Berres* MARYLAND
 Month *Feb* Day *6* Y. *Y.* M. *M.* D. *D.* Native of *ecil Co Md* Occupation *Farmer*
 Date *1902* Age *73*
 Male *Male* ~~Female~~ *White* ~~Colored~~ *Married* ~~Single~~ *Widow* ~~Widower~~ *Divorced*
 Number of children living *10*

Husband of *Lionah Berry*
 Wife *Lionah Berry*
 Father's Name *John Berry* Mother's Maiden Name *Charlotte Carter*
 Cause of Death { Primary *Infection & debility* How long sick *about 10 days*
 { Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *L. M. Ragan*
 Address *Conowingo Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant Bishop, (7th child)

Town

County

Died at

Jackson town

Cecil

MARYLAND

Date 1902 2-26 Age Still birth

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
WifeFather's
Name

Ralph R Bishop

Mother's
Name

Martha J. Bishop

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. George Taylor

Address



Perryville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner. _____
of _____

Information contained in this certificate re-
ceived from. _____
of _____

Name In Full

Certificate of Death

Hannah E. Carpenter

Town

County

MARYLAND

Died at Chesapeake City Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

8

Age

64

6

29

Md

Housewife

~~Married~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

none

Husband of

Widow of H. E. Carpenter

Father's

Mother's

Name

Ann. Kurr

Maiden Name

Ann. Kurr

Cause of

Primary

Apoplexy

How long sick

5 days

Death

Immediate

Complete Paralysis

~~Accident, Suicide, Homicide~~

Reported by

W. E. Kurrner

Address

Chesapeake City Md 64

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

*Melvin A Carpenter**L. Dick*

Town

County

MARYLAND

Died at *Chesapeake City**Alcal*

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1912**Feb**7*

Age

*7**New York*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's Name *Berg Carpenter*Mother's
Name*Helen Crumaker*

Cause of

Primary

*Dysentheria**9a*

How long sick

3 or 4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. V. Wallace
Chesapeake, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Lizzie Carr*
 Town *Bank* County *Cecil*
 Died at *4th Dist* MARYLAND
 Date 19 *02* Month *Feb* Day *20* Age *68* Y. M. D. Native of *md* Occupation *Housewife*
ma White Married *Widow* Divorced *30*
 Female *ordered* Single *Widow* Number of children living

Wife of *John Carr*
 Father's Name _____ Mother's Maiden Name _____
 Cause of Death { Primary *Heart Disease* 79 How long sick *several years*
 Immediate *Heart Failure* Accident, ~~Stroke~~, ~~Homicide~~

Reported by *Howard Bratton M.D.*
 Address *Elkton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

84



Jacob James Dawson
 Town *Cabover* County *Chile (9th Dist)* MARYLAND
 Died at
 Date 19 *02* Month *2* Day *7* Age *70* Y. M. D. Native of *Penna.* Occupation *Laborer*
 Male White Married *Widow* Divorced
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *2*

Husband of *Harriett H. Dawson*
 Wife
 Father's Name *Jacob Dawson* Mother's Maiden Name *Elizabeth Shepherd*

Cause of Death { Primary *Valvular Disease* Immediate *Heart Failure*
 How long sick *nearly one year*
 Accident, Suicide, Homicide

Reported by *Wm. H. Meacham, Jr.*
 Address *Colonial St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Henry Ford
County Cecil 5th Grade

Husband of

Father's

Name _____

Mother's
Maiden Name

Merri Fere

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Harriett A. Gale (9th dist)
 Town County

Died at

Zion

County

Cecil

MARYLAND

Date 19

02

Month

Day

2 13

Y.

M.

D.

Age

60 11 20

Native of

Occupation

Md Home

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Benjamin Gale
 Isaac Grant
 Eliza Plymouthe
 Abuse of the Liver
 Exhaustion
 How long sick
 Six weeks
 Accident, Suicide, Homicide

Reported by

Dr. H. J. Ford

Address

Zion

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Gallagher*

Town *near Calvert* County *Calvert* (99987) **MARYLAND**

Died at *near Calvert*

Date 19 *22* Month *2* Day *18* Age *75* Y. M. D. Native of *Ireland* Occupation *Housewife*

☒ Male ☐ Female ☒ White ☒ Colored ☒ Married ☒ Single ☐ Widowed ☐ Widower

Number of children living *4*

Husband of *John J. Gallagher*


Wife

Father's Name *Patrick Mulligan* Mother's Maiden Name *Bridget Egan*

Cause of Death { Primary *Diabetes* Immediate *Concussion* } How long sick *about 1 year*

Accident, Suicide, Homicide ☒

Reported by *W. A. Richardson*

Address *Calvert*  *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full *Geo. Watson Gifford*
 Town *Green 9th St.* County *Lucie*
 Died at *MARYLAND*
 Date 19 *02* *Feb 26* Age *63.6* Native of *Ind* Occupation *Farmer*
 Male *White* Married *Widow* ~~Divorced~~ Number of children living *2*
~~Female~~ ~~Single~~ ~~Widower~~
 Husband of *Lizzie M Gifford*
 Wife *Lizzie M Gifford*
 Father's Name *Berg Gifford* Mother's Maiden Name *Susanna Watson*
 Cause of Death { Primary *Softening of the brain* How long sick *2 weeks*
 Immediate *Suicide* ~~Accident~~ ~~Suicide~~ ~~Homicide~~
 Reported by *J. H. Gifford*
 Address *Green 9th St. Ind*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

My brother had a Sun
Stroke about 6 years
ago. And his mental
condition has never
been fully up to its
normal condition
since it occurred

Very truly
yours

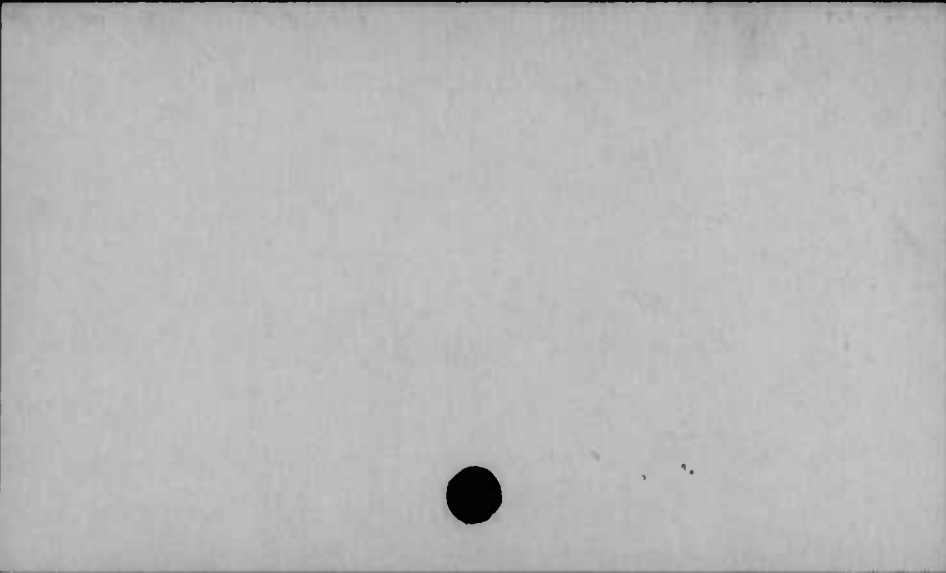
Name in Full *Julia Harris*
 Died at *Port Deposit* ^{Town} *Cecil* ^{County} **MARYLAND**
 Date *1922* ^{Month} *2* ^{Day} *4* Age *67* - ^{Y.} - ^{M.} - ^{D.} Native of *Maryland* Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Herman Harris*
 Wife of *—*
 Father's Name *—* Mother's Name *—*

Cause of Death { Primary *Cerebral Hemorrhage* How long sick *24 Days*
 Immediate *Erysipelas* ~~Accident, Suicide, Homicide~~

Reported by *S. H. Fisher* *64*

Address *Port Deposit, Md*



Died at

Date 19

Male

White

Married

Widow

Divorced

Number of children living

MARYLAND

Occupation

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 mos

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm Benjamin Heatzyg
 Town Elkton County Cecil

Month 2 Day 7

Y. M. D.

Native of

Germany

Cabinet Maker

Age 79 5

~~Female~~~~Colored~~~~Single~~

Widower

3

John Heatzyg

Maiden Name 64

Acting Soldier

Apoplexy

On 11/11/1902 at the
 Elkton Md



Name in Full

Certificate of Death

Name in Full *Benj Hollingsworth*
 Town *near Warwick* County *Cecil*
 Died *near Warwick* MARYLAND
 Date *1902* Month *2* Day *3* Y. *0* M. *6* D. *0* Native of *Cecil Co* Occupation *Infant-*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living *9*
 Husband of *93*
 Wife

Father's Name *Henry Hollingsworth* Mother's Name *Henrie Williams*
 Cause of Death Primary *supposed to be Pneumonia* How long sick *1 day*
 Immediate *Asphyxia* ~~Accident, Suicide, Homicide~~
 Reported by *J. H. Headcastle from his father's report*
 Address *Middletown Delaware.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Name in Full *Annie R. Jones*
 Died at *Park Serpents* Town *Carl* County *MARYLAND*
 Date 1902 *Feb 22* Month *Feb* Day *22* Age *22* Y. *6* M. *10* D. *10* Native of *Ind* Occupation *Cook*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widower ☐ Divorced ☐ Number of children living *3*

Husband *Josiah Jones*
 Wife of *George Hughes*
 Father's Name *George Hughes* Mother's Maiden Name *Mary E. Kell*
 Cause of Death { Primary *Bill.* Immediate *Pneumonia* } How long sick *2 weeks*
~~Accident, Suicide, Homicide~~

Reported by *H. E. Chambers*
 Address *Park Serpents* *George Hughes*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Joseph Hershaw
 Town County

Died at *Chesapeake City* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1902 *2 11* Age *68*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *none*

Husband of *Anna Walsh*
 Wife
 Father's Name *Joseph Hershaw* Mother's Maiden Name *Ann Eastwood*

Cause of Death { Primary *Senile decay* How long sick *154*
 Immediate Accident, Suicide, Homicide

Reported by *Bad Health for a year or more*

Address *J. J. Wallace*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Merwin Nelson Kinslow

Town

County

Died at

Kirk's Mills

Cecil

(9th dist)

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 2nd

Age 4 3 18

Maryland

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Henry O Kinslow

Mother's

Maiden Name

Margaret L Kinslow
Margaret L Hammond

Cause of

Primary

Pulmonary Abscess complicated stage

Death

Immediate

with Enteritis

How long sick

Accident, Suicide, Homicide

Reported by

Chas. E. Miller, M.D.

Address

Rising Sun [redacted] Cecil Co Route #1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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William Lewis Kirk

Town

County

Died at

Rising Sun, 9th Dist Cecil

MARYLAND

Date 1902,

Month

Day

Y.

M.

D.

Native of

Occupation

2

4

Age

68.

ms

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2.

Husband

of

Laura Gambler

~~Wife~~

Father's

Name

Jab. H. Kirk

Mother's

Maiden Name

Lydia Wilson

Cause of

Primary

Hernia & catarrh stomach

How long sick

10 Weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. B. Shier

Address

Rising Sun

104 / ms.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry E. P. McCrea

Town

County

MARYLAND

Died at

Elkton

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb

19

Age 50. 0. 13

Cecil Co

Tinner

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband of

Mary V Hill

Wife

Father's

Mother's

Name

David McCrea

Maiden Name

Ann Taylor

Cause of

Primary

Croupous Pneumonia

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Arthur Mitchell M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Vol 6 1852

" 19 1902

H. G. P. M. Loran

Name In Full

Certificate of Death

R. Livingston Mackall

Town

County

MARYLAND

Died at

Elberta Beebe

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

16

Age 80

Dr.

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Isabel Hollingsworth

B. D. Mackall

Anna Maria Thain

Cause of

Primary

Cerebral effusion -

How long sick

30p

Death

Immediate

Paralysis -

Accident, Suicide, Homicide

Reported by

J. H. Amman

Address

215 W. 1st St.

64

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W Brattin
2

Sallie Moore

Town

County

Died at Cecilton

Cecil

MARYLAND

Date 1897 1902 Month 2 Day 1 Age 6.5 Y. M. D. Native of Md Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Fred Moore

Mother's Name

Lottie Moore

Cause of Primary

Death Immediate

Consumption

How long sick

8 mo

Accident, Suicide, Homicide

Reported by

A M Black

Address

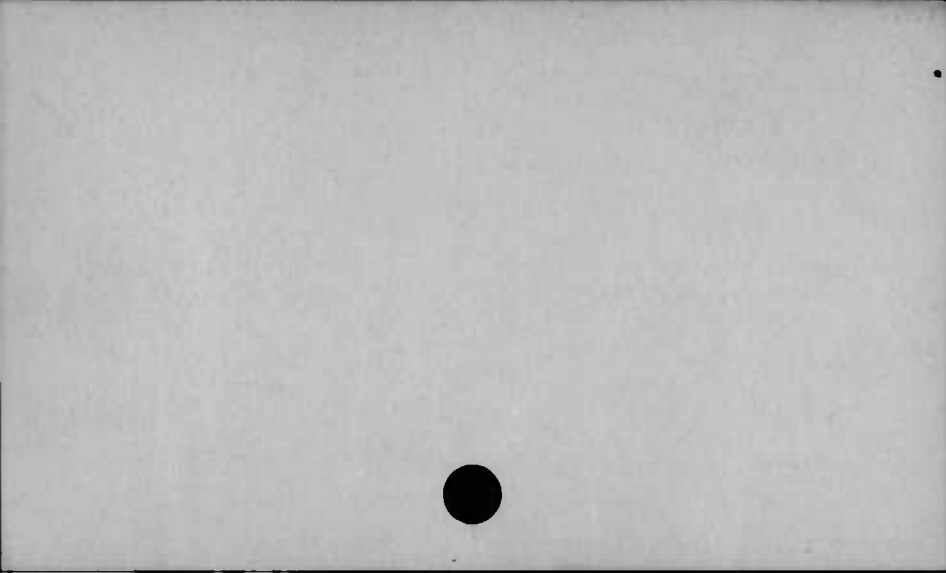
Cecilton



Md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carrie A. Perry

Died at *North-End* Town *Carrie 5th District* County *MARYLAND*

Date 19*02* *Feb. 22* Month *22* Day *34* Y. *Carrie* M. *Housewife* D. *Carrie* Native of *Housewife* Occupation
 Male *White* Female *Married* *Single* *Widow* *Widower* *Divorced* Number of children living *4*

Husband of *Edward Perry*
 Wife *James Taylor* Father's Name *James Taylor* Mother's Name *James Taylor* Maiden Name

Cause of Death { Primary *Consumption* Immediate *Phthisis* } How long sick *15 months*
~~Accident, Suicide, Homicide~~

Reported by *M. E. Perry*
 Address *M. E. Perry*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Jane Payne

Town

County

3 dist
MARYLAND

Died at

Alms House

care

Date 19

02

Month

2

Day

18

Age

Y.

M.

D.

67 + +

Native of

England

Occupation

House Wife

White

Married

Married

W

Female

Caucasian

Caucasian

Widower

Number of children living

1

Wife of

Wm Payne

Father's

Name

Mother's

Maiden Name

120

Cause of

Primary

Bright's disease

Death

Immediate

Exhaustion

How long sick

3 months

Accident, Suicide, Homicide

Reported by

J. S. Whitaker

Address

Cherry street

JMS.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

24

Mr Cecil C. Peters

Town

8th Dist County

Died at Canowings Cecil Maryland -

MARYLAND

Date 1902 2nd month 26 day Y. M. D. Age 42 years Native of Maryland Occupation Writer in Maryland
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored ~~Single~~ Widower Number of children living 5 children

Husband of

Wife Eliza J. Peters.

Father's

Name Cecil C. Peters

Mother's

Maiden Name

Eliza J. Brown

Cause of

Primary

Acute Bright's Disease

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr B R Jordan

Address

Liberty Grove

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary A. Potter
Town County
Died at *Mechanics Valley Lucie* 3rd District MARYLAND
Date 19 *02* *Feb* *22* Age *74* Y. M. D. Nature of *ma* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living *2*

John Potter
Wife of
Father's Name *Jacob Stolder* Maiden Name *Margaret Boulden* Mother's
Cause of Death { Primary *Organic Heart Disease* How long sick *14 months*
Immediate Accident, Suicide, Homicide

Reported by *Dr. J. H. ...*
Address *Grove ...*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bolton Chap

Name in Full

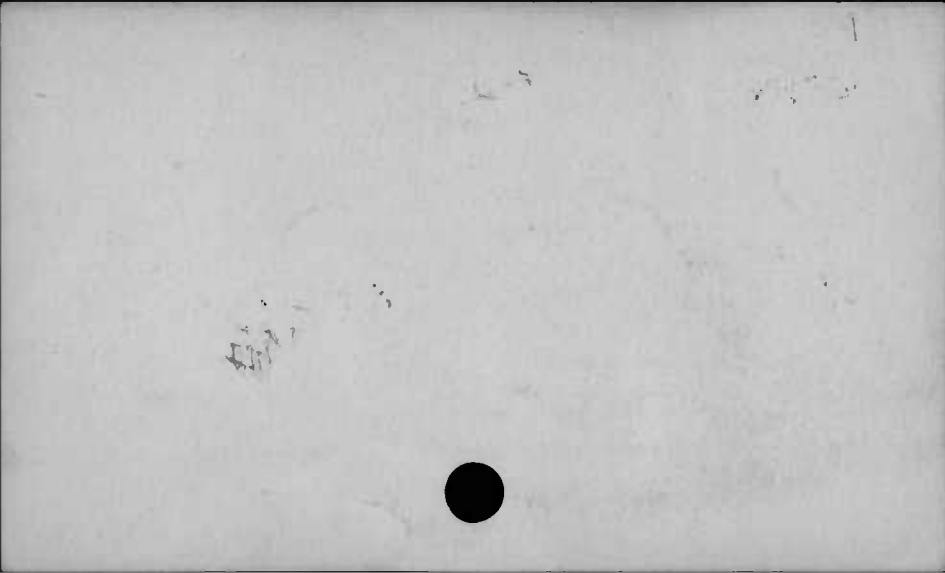
Certificate of Death

Fifth District *John W. Pryor*
 Died at *Earl* Town *W. Pryor* County
 Date 19 *02* Month *Jan* Day *18* Y. *84* M. *84* D. *84* Native of *Calif* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living *2*

Husband of *Ruth R. Pryor*
 Wife *Ruth R. Pryor*
 Father's Name *Thomas Pryor* Mother's Maiden Name *Sarah Calender.*
 Cause of Death { Primary *Apoplexy* How long sick *24 hours*
 Immediate *64* *64* ~~Accident, Suicide, Homicide~~

Reported by *B. J. [Signature]*
 Address *No. 1 [Signature]*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellen Riggins,

Town

County

Died at Fredericktown

Cecil

MARYLAND

Date 1903
 Month Feb Day 22
 Age 3 Y. M. D. 2
 Native of Cecil Co.
 Occupation
 Sex ~~Male~~ Female White Colored Married Single Widowed
 Number of children living

Husband of

Father's Name Norman Riggins
 Mother's Name Annie Hooker

Cause of Death { Primary *Micrococcus, Chronic Bronchitis* How long sick *all its life*
 { Immediate Accident, Suicide, Homicide

Reported by

Edward A. Scott, M.D.

Address

Salina, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968



Name in Full

Certificate of Death

Died at Alms house Town 4 County 3. Dist
Feb 13 Month Day Y. M. D. Pa. Native of Lanes Occupation
 Date to 78 Age 78 Pa. Native of Lanes Occupation
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 weeksAccident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

911



Bertha Thompson
 Town *Point* County *Cecil* *2nd District*
 Died at *Town Point Cecil* MARYLAND

Date 190*2* Month *2* Day *3* Y. M. D. Age *1* Native of *md* Occupation _____

~~Male~~ ~~White~~ ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of _____
 Wife _____

Father's Name *Ross Thompson* Mother's Name *Louie Henry*
 Maiden Name _____

Cause of Death { Primary *unknown* Immediate _____
 How long sick *one month*
 Accident, Suicide, Homicide _____

Reported by *Mr B Gorman*

Address *Chesapeake City Cecil Co md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah E. Turner

Town

County

Died at

Richardson 6th Dist

Leicester

MARYLAND

Date 1902

Month Day

Age

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Cause of

Primary

Paralysis Superinduced by

How long sick

4 days

Death

Immediate

neglect such as nourishment in improper care and filthiness

Accident, Suicide, Homicide

Reported by

Coroner's Jury

Address

Pawlandville Md.

W. E. Nickle, Jr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. Howard Bratton
Elkton Md

Name in Full

Certificate of Death

Miss Elizabeth Wriggs

Died at N. En

Town

County

MARYLAND

Date 19 12 Month Feb Day 24 Y. 62 M. D. Native of Occupation

Date 19 12 Month Feb Day 24 Y. 62 M. D. Native of Occupation
 Male White Married Widowed
 Female Colored Single Widower Number of children 0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

24 hours

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

